

X. MONITORING AND AUDITS

(Please indicate) **State Agency:** New Hampshire for **FY** 2020

Monitoring and Audits involves State agency efforts to review local agency/clinic activities on an ongoing and timely basis, and to track all audits involving WIC Program activity.

A. Monitoring-246.19(b): requires State agencies to establish a management evaluation system.

B. Audits-Subpart F to 2 CFR Part 200, as applicable: describe State agency audit responsibilities.

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A. MONITORING

1. Local Agency/Clinic Monitoring Activity (to be updated each year)

a. Local agencies/clinics monitored:

- 3 Number of local agencies monitored last annual period
9 Number of clinics monitored last annual period
1 Number of local agencies to be monitored this current annual period
2 Number of clinics to be monitored this current annual period

Specify last annual period, from: 07/01/2018 to 06/30/2019 (month/day/year – month/day/year; must be applied consistently)

Specify current annual period, from: 07/01/2019 to 06/30/2020 (month/day/year – month/day/year; must be applied consistently)

b. Number of local agencies/clinics required to submit Corrective Action Plans (CAPs) to redress deficiencies identified during monitoring last year: 3 (Number)

c. The State agency uses a tracking device, such as a chart or spreadsheet, which summarizes the reviews of all local agencies.

☒ Yes ☐ No

If the State agency uses a tracking device, it shows (check all that apply):

- ☒ Date of most recent review for each local agency/clinic
☒ Number of clinics reviewed in most recent review for each local agency/clinic
☐ Listing of findings for most recent review of each local agency/clinic
☒ Date of State agency notice of findings in most recent review for each local agency/clinic
☒ Date of local agency/clinic corrective action plan in most recent review for each local agency and/or clinics
☐ Outcome of corrective action plan

d. In preparing to conduct a local agency review, the State agency reviews data reports on:

- ☐ No-shows by category
☐ Administrative costs claimed
☒ Financial reports
☒ Priorities served
☒ Caseload
☒ Racial/ethnic
☒ Staff/participant ratios
☐ Participant nutrition surveillance data for participants in that local agency/clinic
☐ Other (specify): _____

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

NH PPM Chapter 10, Local Agency Management Evaluation Policy

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A. MONITORING

2. Local Agency/Clinic Monitoring Procedures

a. The State agency uses an established protocol when it monitors local agencies/clinics.

☒ Yes ☐ No

If yes, please provide the citation of where it can be found in the appendix or procedure manual:

NH PPM Chapter 10, Local Agency Management Evaluation Policy

This monitoring protocol includes:

- ☒ Advance notification of monitoring visit
 - ☒ Determination of timeframes for conducting the review
 - ☒ Designation of local agency/clinic staff to assist State agency staff during review
 - ☒ Discussion of review findings on-site with local agency/clinic
 - ☒ Specified time frame for providing written review report
 - ☒ Specified time frame for local agency/clinic submission of corrective action plan, not to exceed 60 days from receipt of State agency's report
 - ☒ Instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)
 - ☒ Evaluation of adequacy of corrective action
 - ☒ Follow-up with local agency/clinic to ensure corrective action measures are implemented
 - ☒ Written notification of closure of the review
 - ☒ Other (specify): recommendations to address findings and observations
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b. Monitoring of local agencies/clinics is conducted by (check all that apply):

- ☒ State WIC staff
 - ☐ District or regional staff
 - ☐ Other health programs
 - ☐ Other (specify): _____
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c. Specialists in the following areas monitor the areas of their expertise:

- ☒ Certification and eligibility determination
 - ☒ Caseload management
 - ☒ Nutrition services
 - ☒ Breastfeeding promotion and support
 - ☒ Targeting and outreach policies
 - ☒ Financial management of administrative funds
 - ☒ Food delivery system
 - ☒ Vendor management
 - ☒ Civil rights
 - ☒ Information Systems security
 - ☐ Other (specify): _____
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A. MONITORING

If the State agency uses reviewers to monitor areas in which they do not have expertise and/or prior knowledge, describe how the State agency trains or equips its reviewers to conduct the review:

d. The State agency uses a standard local agency/clinic review form.

☒ Yes ☐ No

If yes, please provide the citation of where it can be found in the appendix or procedure manual:

NH Management Evaluation Master Forms

If yes, the review form covers the following areas:

- ☒ An assessment of local agency/clinic management
- ☒ An assessment of patient flow
- ☒ Certification case file reviews, including procedures for determining adjunctive income eligibility
- ☒ Caseload management
- ☒ Training of local agency and clinic staff
- ☒ Nutrition education
- ☒ Breastfeeding promotion and support
- ☒ Targeting and outreach policies
- ☐ Financial management of administrative funds
- ☒ Validation of staff time spent on WIC
- ☒ Food instrument accountability
- ☐ Vendor training and monitoring, if these functions are delegated to a local agency/clinic
- ☒ Civil rights compliance
- ☐ Other (specify): _____

e. The State agency has developed procedures for local agencies/clinics to use when they evaluate:

- ☒ Their own operations
- ☐ Subsidiary/satellite operations (e.g., county health department clinic)
- ☐ Subcontractors (e.g., community action program, hospital)
- ☐ Homeless facilities/institutions
- ☐ Other (specify): _____

If you selected any of the options above, please provide the citation of where it can be found in the appendix or procedure manual and answer the following questions:

NH PPM Chapter 10 Self Evaluation

Do these procedures include a monitoring tool?

☒ Yes ☐ No

Are all local agencies/clinics required to follow these procedures?

☒ Yes ☐ No (specify basis for exemptions): _____

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

PPM, Chapter 10, Management Evaluation Policy, Self Evaluation Policy

A. MONITORING

a. The State agency analyzes the results of local agency/clinic monitoring visits to determine whether deficient areas are common among its local agencies/clinics.

b. The State agency utilizes local agency/clinic review data to (check all that apply):

- ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

B. AUDITS

1. Audits (Federal, State, and Local)

[illegible]

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B. AUDITS

- c. **Entities not audited and reason (e.g., local office is not a subrecipient local agency, entity did not expend \$750,000 , as applicable or more in Federal funds during the fiscal year, etc.)**

Entities not audited (includes both State and local agencies)

Reason Entity Not Audited

NA

NA

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

2. Audit Management Decision

- a. **Methods used by the State agency to ensure that corrective action is taken on audit findings include (check all that apply):**

- ☒ State agency has a copy of the corrective action plan on file.
- ☒ State agency tracks audits to determine if the same problems are recurring from year to year.
- ☐ Local agency must file periodic reports.
- ☒ State agency contacts local agency by phone or in writing periodically.
- ☒ State agency visits local agency.
- ☐ Other (specify): _____

- b. **State agency actions taken to ensure that all claim amounts are recovered include (check all that apply):**

- ☐ Local agency files periodic reports.
- ☒ State agency contacts local agency by phone or in writing.
- ☒ State agency monitors receipt of a check in the amount of an audit claim.
- ☒ State agency establishes and employs billing/offsetting of account procedures.
- ☐ Other (specify): _____

- c. **State agency accounting procedures for claim amounts recovered:**

- ☒ Recovered claim amounts from prior fiscal years are returned to FNS.
- ☒ Recovered claim amounts are reallocated if collected within the same fiscal year.
- ☒ Claim amounts are verified with local agency.
- ☐ Other (specify): _____

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

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B. AUDITS

3. Availability of Audit Reports

- a. The State agency receives and maintains for at least three years copies of all organization-wide audits involving the WIC Program and maintains a listing of those audits.**

☒ Yes ☐ No, copies are retained by: _____

- b. Procedures used for maintaining files to reflect the trail from the receipt of the audit to final action include:**

☒ Detailed breakdown of each audit finding is tracked separately.

☐ Individuals are assigned to monitor each audit.

☒ One individual is assigned to monitor all audits.

☐ Other (specify): _____

- c. The State agency maintains a listing of all planned audits for the coming Fiscal Year.**

☒ Yes ☐ No

(Indicate recent FYs which included WIC in the single audit report: 2017

- d. The State agency ensures WIC participation in a single audit and other audits by (check all that apply):**

☒ Developing a tracking system that monitors the status of each audit

☒ Establishing a contact person for each audit

☒ Including this audit requirement in the local agency contract

☐ Other (specify): _____

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):
